



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Stacey J. Bell and Judy Shabert

Application No.: 09/815,566

Group Art Unit: 1653

Filed: March 23, 2001

Examiner: Teller, R. R.

Confirmation No.: 6492

Title: NUTRITIONAL SUPPLEMENT TO ALLEVIATE SYMPTOMS  
ASSOCIATED WITH REDUCED LEVELS OF SEROTONIN

RECEIVED

NOV 22 2002

TECH CENTER 1600/2900

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>11-14-02</u>	<u>Linda M. Amato</u>
Date	Signature
<u>Linda M. Amato</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents  
P.O. Box 2327  
Arlington, VA 22202

Sir:

Transmitted herewith is Amendment A for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	24	MINUS	* 20	4
INDEP	4	MINUS	** 3	1
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
4 X \$9	\$ 36
1 X \$42	\$ 42
+ \$140	\$

TOTAL = \$ 78

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$84	\$
+ \$280	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input checked="" type="checkbox"/>	Amendment Fee	\$	<u>78</u>
<input checked="" type="checkbox"/>	Other Fees:		
	Supplemental Information Disclosure Statement	\$	<u>180</u>
	_____	\$	_____
	TOTAL:	\$	<u>258</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Alice O. Carroll  
Alice O. Carroll  
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Concord, Massachusetts 01742-9133

Dated: November 14, 2002